

Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. This list is effective January 1, 2014. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal after this date, you may be required to pay the full cost.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary consideration options listed below.

Bolded products represent formulary drug removals that are new for the 2014 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Considerations
<i>Allergies</i> * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, or NASONEX WITH azelastine or ASTEPRO</i>
<i>Allergies</i> * Ophthalmic	LASTACAPT	<i>azelastine, cromolyn sodium, ALREX, PATADAY</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	MAXAIR VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
<i>Asthma</i> * Steroid Inhalants	ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma</i> * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	BREO ELLIPTA	ADVAIR, DULERA, SYMBICORT
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Anticholinergics	TUDORZA PRESSAIR	SPIRIVA
<i>Depression</i> * Antidepressants	OLEPTRO	<i>trazodone</i>
<i>Diabetes</i> * Biguanides	GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO

Category * Drug Class	Formulary Drug Removals	Formulary Considerations
Diabetes * Insulins	HUMALOG	APIDRA, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: Humulin U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Supplies ¹	BREEZE 2 STRIPS AND KITS CONTOUR STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS FREESTYLE STRIPS AND KITS ²	ACCU-CHEK STRIPS AND KITS ¹ , ONETOUCH STRIPS AND KITS ¹
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NUTROPIN / NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
High Blood Pressure * Angiotensin II Receptor Antagonists	EDARBI	candesartan, eprosartan, irbesartan, losartan, BENICAR, DIOVAN, MICARDIS
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	EDARBYCLOR TEVETEN HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT, MICARDIS HCT
High Cholesterol * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LESCOL XL LIVALO	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR
High Cholesterol * HMG Co-A Reductase Inhibitor Combinations	ADVICOR	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, SIMCOR
	LIPTRUZET	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, VYTORIN
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
Opioid Dependence Agents *	SUBOXONE FILM	buprenorphine/naloxone sublingual tablets
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA OXYTROL ² TOVIAZ	oxybutynin ext-rel, tolterodine, trospium, trospium ext-rel, GELNIQUE, VESICARE

Category * Drug Class	Formulary Drug Removals	Formulary Considerations
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	FLECTOR	<i>diclofenac, meloxicam, naproxen</i>
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM	<i>zolpidem, zolpidem ext-rel</i>
<i>Testosterone Replacement *</i> Androgens	ANDROGEL TESTIM	ANDRODERM, AXIRON, FORTESTA
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

The listed formulary considerations are subject to change.

List of Formulary Drug Removals - Carryover from 2013

ADVICOR ALTOPREV ANDROGEL ARTHROTEC ATACAND ATACAND HCT BECONASE AQ DETRON LA EDARBI EDARBYCLOR FLECTOR FORTAMET FREESTYLE STRIPS AND KITS ² GENOTROPIN GLUMETZA Hecoria HUMALOG	HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R INTERMEZZO JALYN KOMBIGLYZE XR LEVITRA LIVALO LUMIGAN MAXAIR NUTROPIN / NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE	ONGLYZA OXYTROL ² QNASL RHINOCORT AQUA RIOMET ROZEREM SAIZEN SANCTURA XR TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ VERAMYST XOPENEX HFA
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List of Formulary Drug Removals - New for 2014

ACTOS ALVESCO ASACOL HD BREEZE 2 STRIPS AND KITS BREO ELLIPTA CONTOUR STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS DELZICOL DIOVAN HCT	DYMISTA KAZANO LASTACAFT LESCOL XL LIPITOR LIPTRUZET NESINA OSEN PLAVIX	PREVACID PROTONIX RAYOS SUBOXONE FILM TRICOR TUDORZA PRESSAIR VALTREX VENTOLIN HFA ZETONNA
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The following drugs have generic availability. The brand drugs listed below have been removed from your plan's formulary. Ask your doctor to choose the generic equivalent of these brand drugs.

Branded Agents Removed from Formulary that Have Generic Equivalents Available ³

ACTOS ARTHROTEC ATACAND ATACAND HCT DIOVAN HCT	FORTAMET LIPITOR OLUX-E PLAVIX PREVACID	PROTONIX SANCTURA XR TEVETEN TRICOR VALTREX
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This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Log in to www.caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable state law restrictions.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

¹ An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

² A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific products: Freestyle diabetic test strips and Oxytrol. If your doctor believes you have a specific clinical need for one of these products, he or she should fax a medical exception request to toll-free: 1-866-443-1172. Your plan may choose to provide the medical exception process to all medications on this list.

³ Some dosage forms and/or strengths may not have generic availability.

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